

LEAVE SAMPLES ON LAB CART. RESULTS WILL BE PHONED OR EMAILED TO YOU.

Utah State UNIVERSITY EXTENSION

Utah County Cooperative Extension Service
100 East Center, L 600
Provo, UT 84606 Phone: 801-370-8460

LAWNS

Diagnostic Lab
Form

\$1.00 paid _____

1. **Date** _____

2. **For:** Commercial _____ Homeowner _____

3. **Name** _____

4. **Mailing Address:**

City _____

State _____ Zip Code _____

5. **Phone Number:** home _____

work _____

email _____

6. **Turf name** (common or scientific name)

7. **Where is the turf located?** (Circle)

Front yard Back yard

Orchard

Other _____

8. **Miscellaneous Information:**

Age of the turf _____

Is the problem getting worse? _____

When was problem first observed? _____

9. **How much sun exposure?**

☐ 1/4 day ☐ 1/2 day ☐ all day

10. **What is the soil drainage like?** (Circle)

Good

Fair

Poor

11. **Watering:**

How often do you water? (Please circle all that apply)

Monday Tuesday Wednesday Thursday

Friday Saturday Sunday

How long do you water? _____ hrs. _____ minutes

What time of day do you water? _____

Describe irrigation system (Circle)

Sprinkler

Soaker

By hand

Stationary

Drip

Flood irrigate

12. **Plant part(s) affected** (Circle)

Stems

Roots

Other _____

13. **Symptoms** (Circle)

Yellowing

Marginal Burn

Streaks

Lawn Detached from Roots

Other: _____

14. **Pesticides and
fertilizers**

Name of product

Rate and date applied

15. **Describe symptom development:**

**VERY
IMPORTANT**